

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/54359  
APPLICANT(S)

FILING DATE

22 MAY 2005

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		5		10		
7		10		10		
8	1		1			
9		1		1		
10		2		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		13		
17		0		13		
18		0		13		
19		0		13		
20		0		13		
21		0		1		
22		0		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	24	←	79	←		←
TOTAL CLAIMS	27		82			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						